

PTO/SB/122 (06-03)

Approved for use through 11/30/2005, OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF  
CORRESPONDENCE ADDRESS****Application**Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

Application Number	09/551,110
Filing Date	04/18/2000
First Named Inventor	Kevin J. Gaughan
Art Unit	2611
Examiner Name	Demicco
Attorney Docket Number	DF-7159

Please change the Correspondence Address for the above-identified patent application to:

☒ Customer Number : 28574

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 25,542
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

Trevor B. Jolke

Signature

Date

July 30, 2003

Telephone

312/258-5774

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**SCHIFF HARDIN & WAITE**

A Partnership Including Professional Corporations  
6600 Sears Tower, Chicago, Illinois 60606-6473 • (312) 258-5500  
Facsimile (312) 258-5921

ATTORNEY NO.: Trevor B. Joike  
CLIENT/MATTER NO.: 23000-1700  
DATE: July 30, 2003

**FACSIMILE TRANSMITTAL SHEET****TO THE FOLLOWING:**

Name	Company	Fax Number	Phone Number
Examiner Demicco	U.S. Patent and Trademark Office	703/746-9551	

FROM: Trevor B. Joike DIRECT DIAL NO.: (312) 258-5774

Transmission consists of cover sheet plus 1 page(s).

If there are any problems with this transmission, please call 312/258-4970.

**COMMENTS:**

Please see the attached.

IMPORTANT - THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE TO DELIVER IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT READING, DISSEMINATING, DISTRIBUTING OR COPYING THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU

(For Internal Use Only) PLEASE RETURN THIS DOCUMENT TO:

Name: Trevor B. Joike  
SENT OUT:  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M./P.M.  
By: \_\_\_\_\_

Transmittal Problems:

☐ Constant Busy \_\_\_\_\_ Time  
☐ Constant Ringing \_\_\_\_\_  
☐ Bad Line \_\_\_\_\_  
☐ Equipment Problem \_\_\_\_\_

Received from < > at 7/30/03 10:46:45 AM [Eastern Daylight Time]